

## STREET CLOSURE PERMIT APPLICATION

Applicant Name

Organization

E-Mail

Address

Phone #

City

State/Zip

Birthdate

Event Title

Neighborhood

List Streets to  
be Closed

Event Date(s)

Alt. Date(s)

# of Attendees

Total

Per Day

Event Times

Setup

Start

End

Draw Plan

**Applicant is responsible for placing and removing barricades and detour signs**  
**Must have 75% approval of residents who live on affected streets, and attach written consent.**

**Any business entity, school, church, hospital, etc affected must provide written consent.**

**Must include drawing of streets affected**

**Street closures are not guaranteed and must be approved by City Council.**

Signature

Date

**Official Use Only**

Received By \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Approved | Denied \_\_\_\_\_